

Name  
in  
Full

Emma J. L. Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Pomona		Kent			
Date of death	Month	Day	Years	Age	Months	Days
1907	Sept	29	36	36		
Sex	Female	Color or Race	Color		Birth-place	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Barrett			
Father's Name	Henry Ringgold				Father's Birthplace	Md
Mother's Maiden Name	Mary Broadway				Mother's Birthplace	Md
Name of person giving information	Husband				How related to deceased	

CAUSES OF DEATH

55

Primary	Tayacmia		How long	10 days
	Convalescent		How long	2 days
Immediate	Convalescent		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Vtg Linens	
		Address	Chestertown	
Accident or Suicide?				

21 6

Name  
in  
Full

George Baynard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

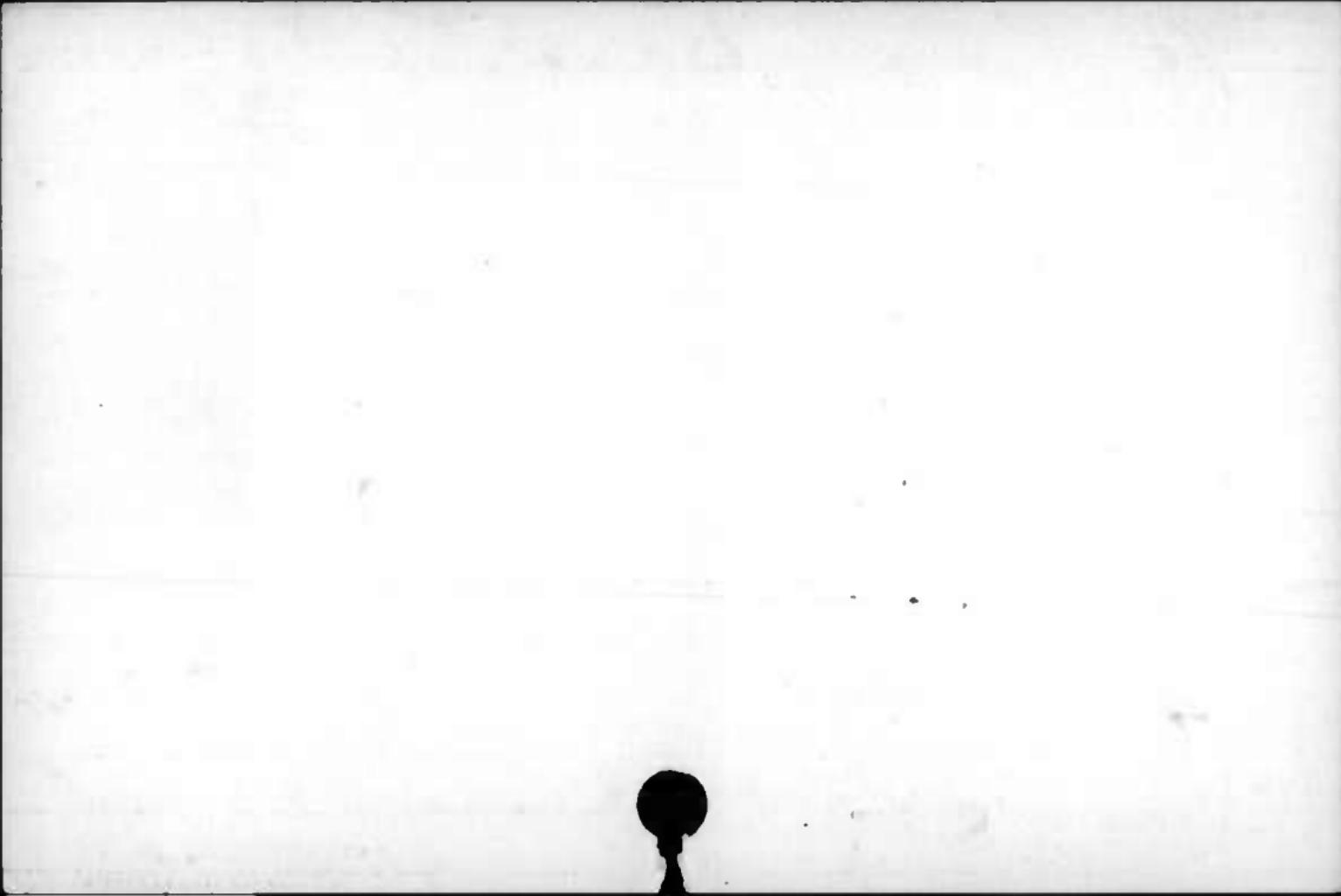
Died at	Tow	County	MARYLAND		
Died at	Chestertown	Kent			
Date of death	1901	Month Sept	Day 1	Age 55 (start)	Years Months Days
Sex	Male	Color or Race	60	Birth-place	Unknown
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Elie Bowers		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Elie Bowers		How related to deceased	Wife	

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis	
Immediate	Toxum	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Address	H Gumpers Chestertown	
Accident or Suicide?	No	



Name

in  
Full

To BE ANSWERED BY

NEAREST FRIEND

John Wesley Beauchamp

## CERTIFICATE OF DEATH

MARYLAND

Died at Sandy Bottom		County Kent	
Date of death 1907 Sept	Month Sept	Day 5	Years 68
Sex male	Color or Race white	Months Days	
Occupation Miller		Where Residing if not at place of death	
Married, Single or Widowed Married	Name of Wife or Husband Leda Brannoch	Place of death	
Father's Name Unknown		Father's Birthplace Unknown	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving Information	J. J. Conlyn	How related to deceased	not related

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aphoplexy

64

How long

Immediate

Paralysis

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos B. Wilson

Edenville P. O. Kent

Conn.

Accident or Suicide?

St Pauls —  
Cemetery

John H. Dodd —  
undertaker

Name  
in  
Full

Mary E. Bishop

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Galena</u>		Town <u>Galena</u>		County <u>Kent</u>		MARYLAND		
Date of death	1907	Month	Sept	Day	3	Years	42	
Age		Birth-place		Months	2	Days	26	
Sex	Female	Color or Race	White	Linen time bed.				
Occupation	Housewife		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband	J. Frank Bishop					
Father's Name	Frank M. Jr. Dill		Delaware					
Mother's Maiden Name	Elizabeth Austin		Delaware					
Name of person giving information	Frank Bishop & Galena Dill		Wife and Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

64

How long

Immediate

Cerebral Hemorrhage

How long

about 10 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

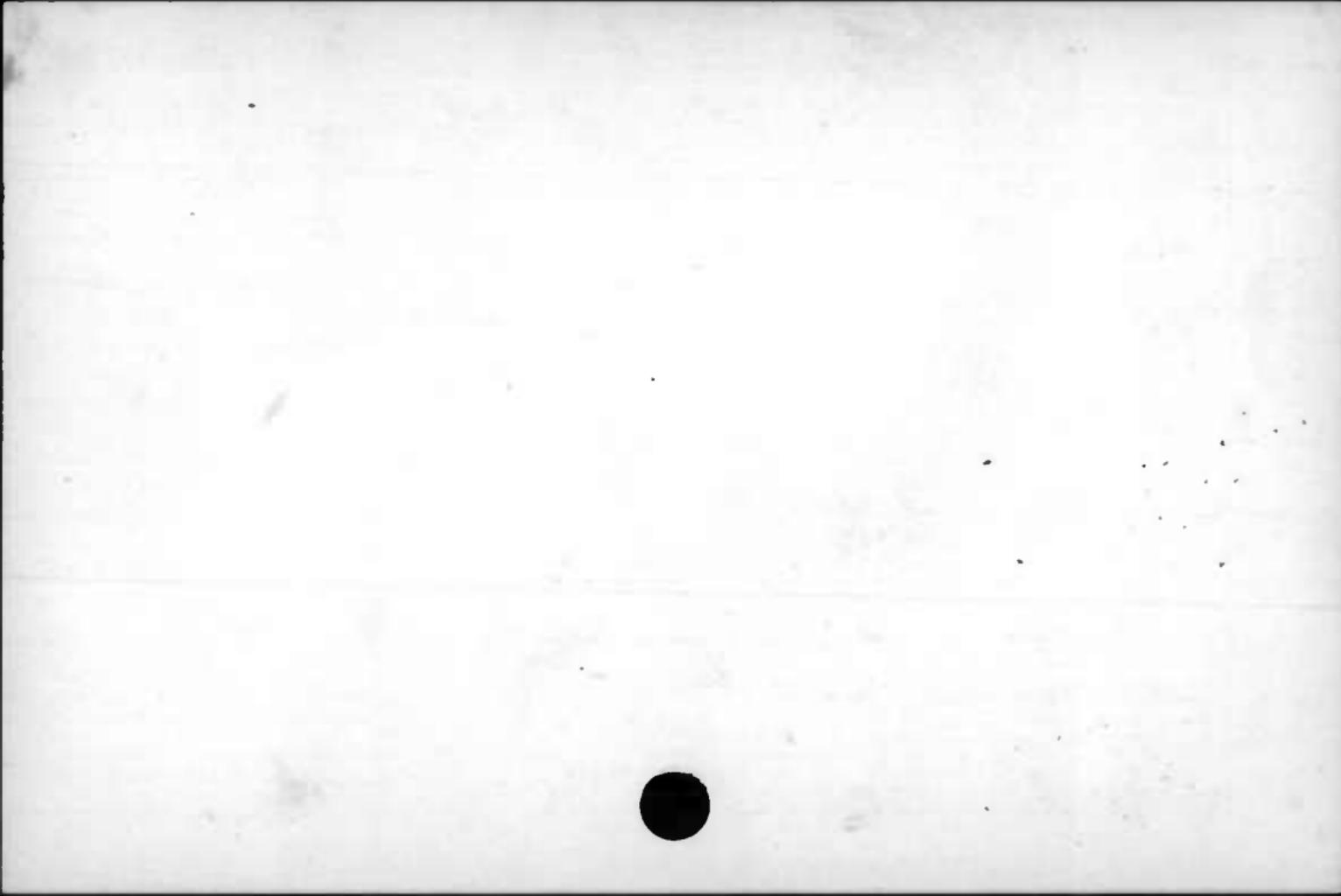
Address

Edward A. Scott

Galena,

Maryland,

Accident or Disease?



Albert Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at Galena	Kent	Months	Days
Date of death 1907	Month 9	Day 2	Years 26
Sex Male	Color or Race African	Birth-place Md.	
Occupation Laborer	Where Residing If not at place of death Frony Blake		
Married, Single or Widowed Married	Name of Wife or Husband Frony Blake		
Father's Name Sam Blake	Father's Birthplace Md.		
Mother's Maiden Name Priscilla Brown	Mother's Birthplace Md.		
Name of person giving Information Thomas Blake	How related to deceased Brother		

## CAUSES OF DEATH

Primary

Homicidal.

166

How long

-

Immediate

Gun shot-wound

How long

-

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

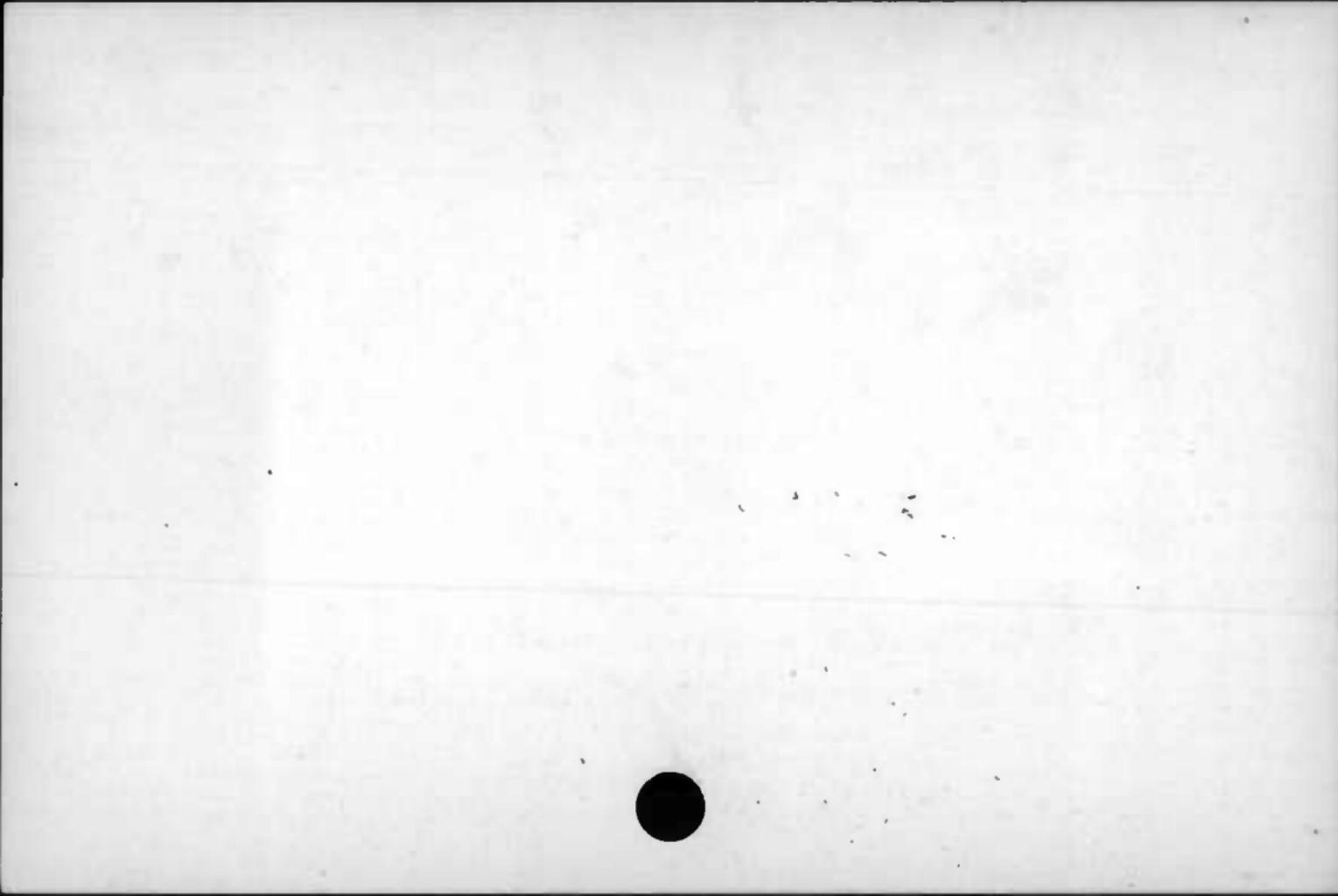
Signature of Physician

Address

Yes

Henry Farre acting Coroner  
Galena and

Accident or Suicide?



Name  
in  
Full

Maria Chase

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	68			
Occupation	Wife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name	Unknown		Father's Birthplace			
Mother's Maiden Name	Unknown		Mother's Birthplace			
Name of person giving Information	Andrew Gann		How related to deceased			
None						

CAUSES OF DEATH

120

PHYSICIAN OR CORONER	Primary	Chronic Bright's Disease 4 or 5 yrs	
	Immediate	Gastritis 3 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	161 Dunham
Accident or Suicide?		Yes	

James M. E.

Name  
in  
Full

Jane Frances Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation	House Keeper				
Married, Single or Widowed	Name of Wife or Husband	Thomas Crouch			
Father's Name	Samuel Coleman		Father's Birthplace		Kent Co. Md
Mother's Maiden Name	Mary Ann Little		Mother's Birthplace		Kent Co. Md
Name of person giving Information	Mary Kendall		How related to deceased		Saughter

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Grand Detrity

How long

Immediate

to shantion.

How long

Are the name, age, sex, color, date and place correctly given above?

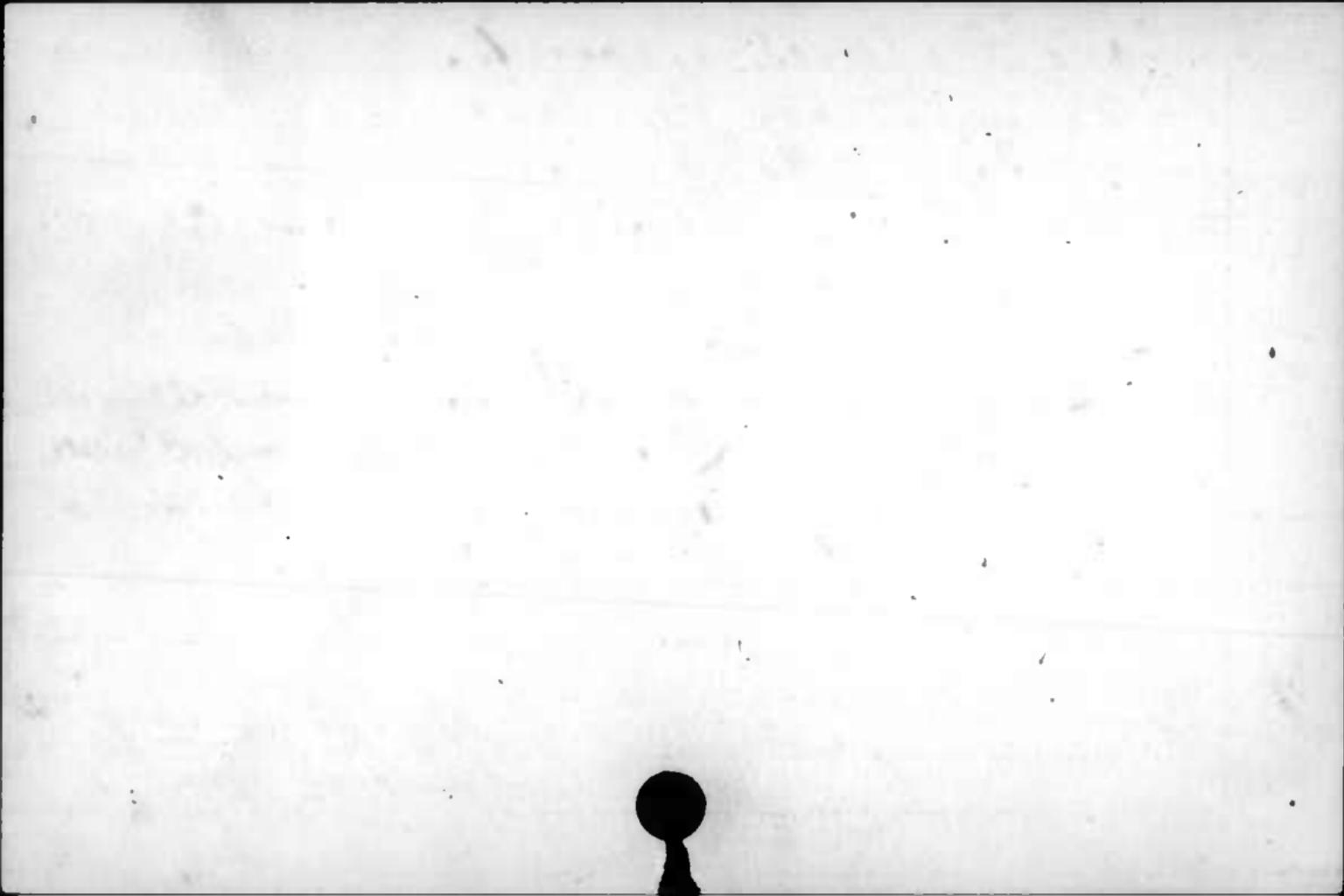
Yes

Signature of Physician

Address

Dr. Dr. Beale MD  
Rock Hill Md

Accident or Suicide?



Thomas Crouch				CERTIFICATE OF DEATH		
Died at		Town Pinney Neck	County Kent	MARYLAND		
Date of death	1907	Month Sept	Day 21	Years 72	Munths 5-	Days 8
Sex	Male	Color or Race White	Birth-place Kent-C <sup>o</sup> Md			
Occupation	Waterman	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband Jane F. Coleman				
Father's Name	James Crouch	Father's Birthplace Kent-C <sup>o</sup> Md				
Mother's Maiden Name	Martha Glenn	Mother's Birthplace Kent-C <sup>o</sup> Md				
Name of person giving information	Charles Crouch	How related to deceased Son				

## CAUSES OF DEATH

74

Primary

General Debility

How long

10 days

Immediate

Amnesia of Brain

How long

3 days

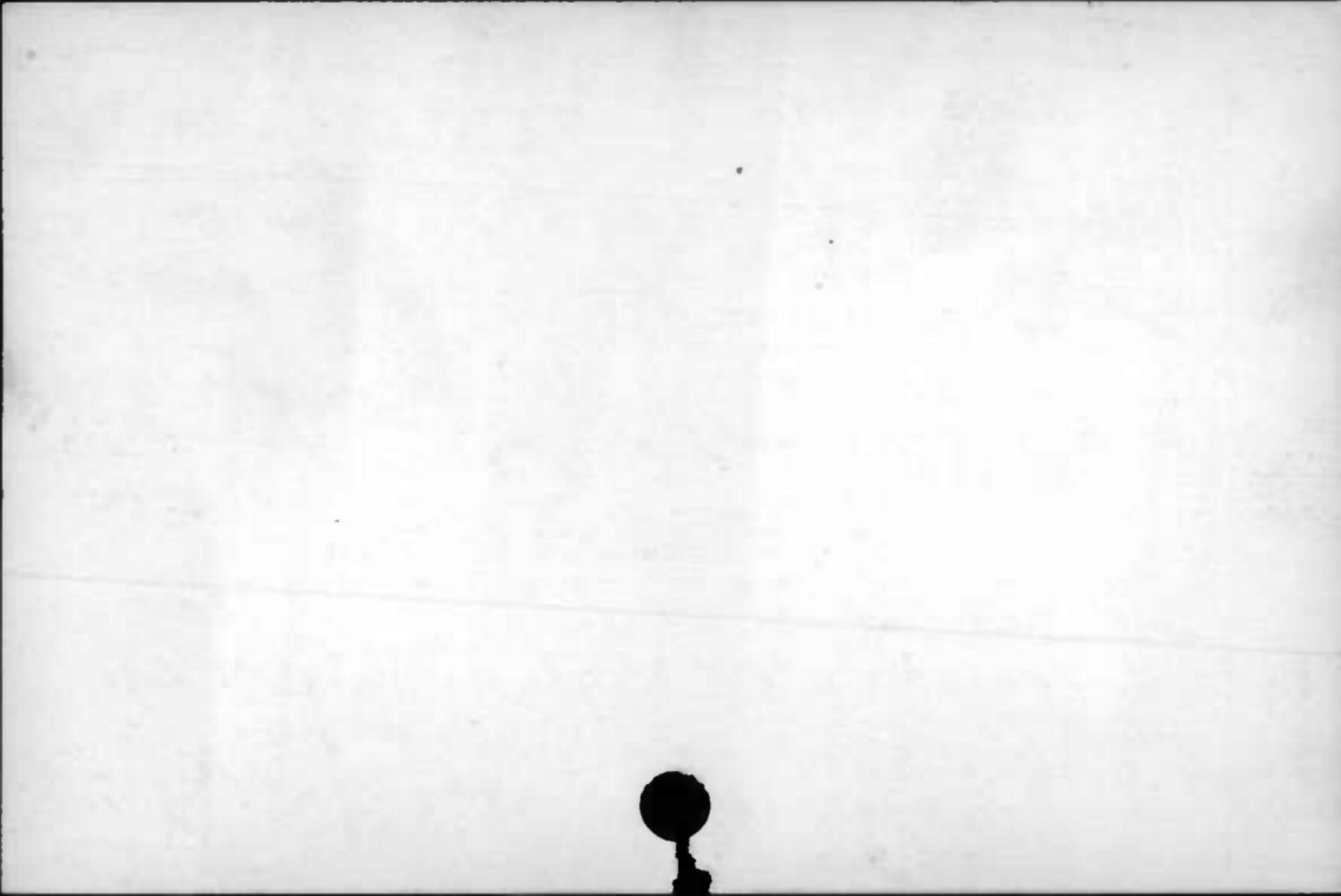
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. B. B. Beall M.D.

Rock Hall Md



Name  
in  
Full

Josephine Foster

CERTIFICATE OF DEATH

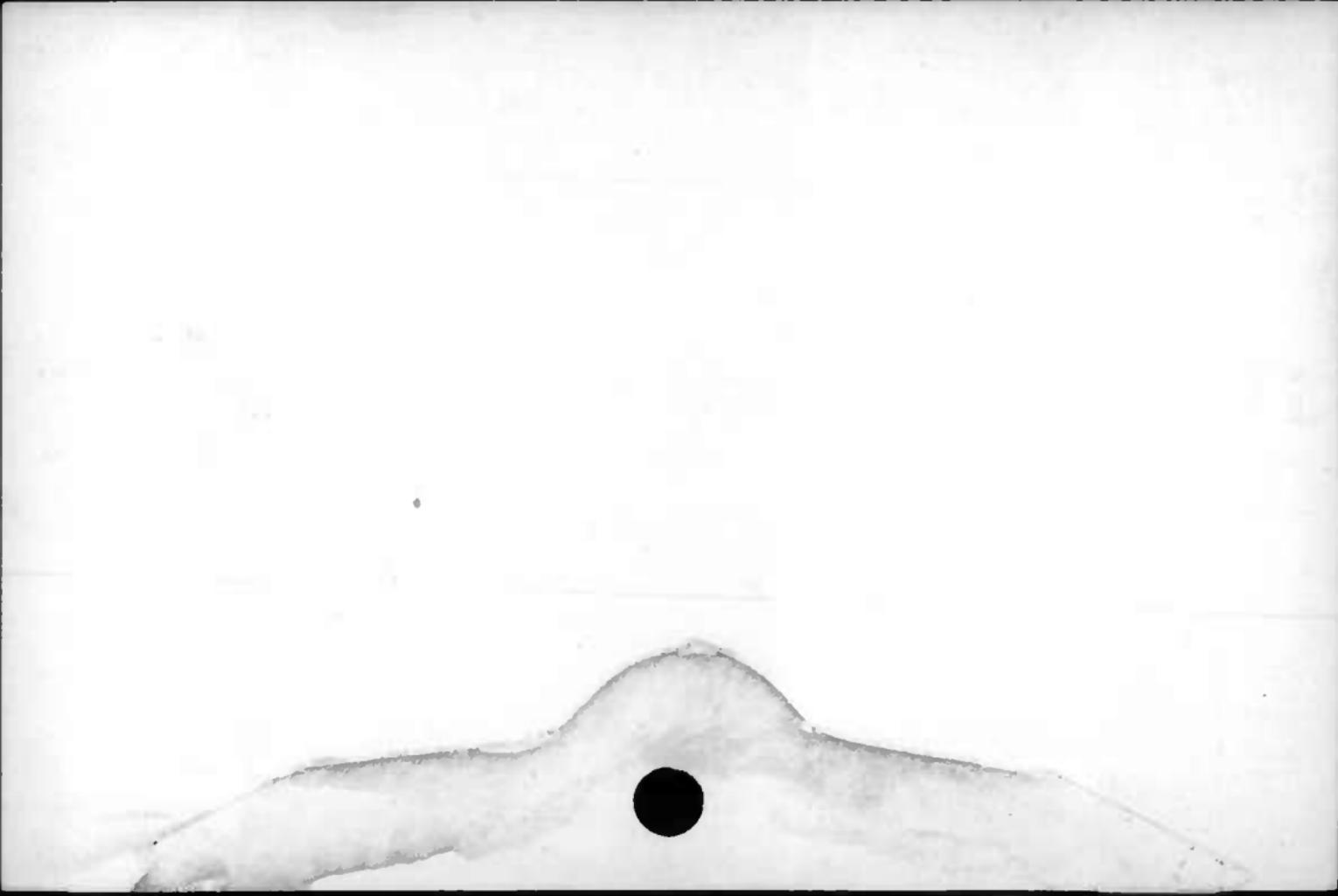
To BE ANSWERED BY  
NEAREST FRIEND

Died at Milwaukee		County Kent		MARYLAND		
Date of death 1904	Month 9	Day 17	Years 71	Months	Days	
Sex Female	Color or Race White	Birth- place Dac Co				
Occupation House	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband Mrs. Foster					
Father's Name Mrs. Foster	Father's Birthplace Dac Co					
Mother's Maiden Name Unknown	Mother's Birthplace Unknown					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis	66	How long 2 years
Immediate #		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. S.	Address 1200 Madison Milwaukee 2
Accident or Suicide?		



Name  
In  
Full

Ellen Fisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	7 7 21		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Chas. Fisby			Father's Birthplace	2nd
Mother's Maiden Name	Rebecca Thomas			Mother's Birthplace	2nd
Name of person giving information	Simon T. Lehman			How related to deceased	more

CAUSES OF DEATH

Primary	Whooping Cough		8	How long
Immediate	Convulsions			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Summers, Jr.	
		Address	Local Board Health Chester town	
Accident or Suicide?	M			

James M. E.

Name  
in  
Full

Infant Isiser

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Sept	24	Age	—	28
Sex	female	Color or Race	white	Birth-place	md
Occupation	—	Where Residing if not at place of death	—	/	
Married, Single or Widowed	—	Name of Wife or Husband	—	/	
Father's Name	Isidor Isiser	Father's Birthplace	md	/	
Mother's Maiden Name	Martha Messins	Mother's Birthplace	md.	/	
Name of person giving information	Elas Isiser	How related to deceased	father	/	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus. (151)		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. P. Atwell M.D.
		Address	Still Pond, Md.
Accident or Suicide?			

Oliver Cemetery

Name  
in  
Full

Anna Cecilia Gladski

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Educville</u>		Town		County <u>Kent</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>12</u>	Age	Years	Months	Days	<u>7</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co., Md.</u>						
Occupation <u>None</u>	Where Residing if not at place of death <u>At place of death</u>							
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Wm. Gladski</u>		Father's Birthplace <u>Germany</u>					
Father's Name <u>Wm. Gladski</u>	Mother's Birthplace <u>Germany</u>							
Mother's Maiden Name <u>Annie Janskowksi</u>	Name of person giving information <u>Wm. Gladski</u>							
How related to deceased <u>Father</u>								

CAUSES OF DEATH

Primary

not Known

179

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. B. Willson

Address

Educville

Accident or Suicide?

Kent Co., Md.



Name  
in  
Full

Milton B. Hadaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 11	Age 53	Years	Months 1
Sex	Male	Color or Race	White			
Occupation	Sailor	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name or Wife or Husband	Kent County			
Father's Name	John Hadaway					Father's Birthplace Kent County
Mother's Maiden Name	Julie Brown					Mother's Birthplace Kent County
Name of person giving information	Samuel Faulkner					How related to deceased Brother in law

CAUSES OF DEATH

130

Primary	Chronic <del>liver</del> nephritis		How long	Several yrs.
Immediate	Cerebral		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. B. Hines	
		Address	Chester town, Md.	
Accident or Suicide?			No	

Nov 19

Name  
in  
Full

Elvira Bell Higman

CERTIFICATE OF DEATH

To be ANSWERED BY  
NEAREST FRIEND

Died at	Town	Millbury, Ga	County	Kent Co	MARYLAND				
Date of death 1909	Month	9	Day	19	Years	14	Months		Days
Sex	Female	Color or Race	White	Birth-place	2 aco				
Occupation	School girl		Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband							
Father's Name	James Higman		Father's Birthplace	1908					
Mother's Maiden Name	Kate Higman		Mother's Birthplace	2 aco					
Name of person giving Information			How related to deceased						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

1

How long

21 days

Immediate

" "

Are the name, age, sex, color, date and place correctly given above?

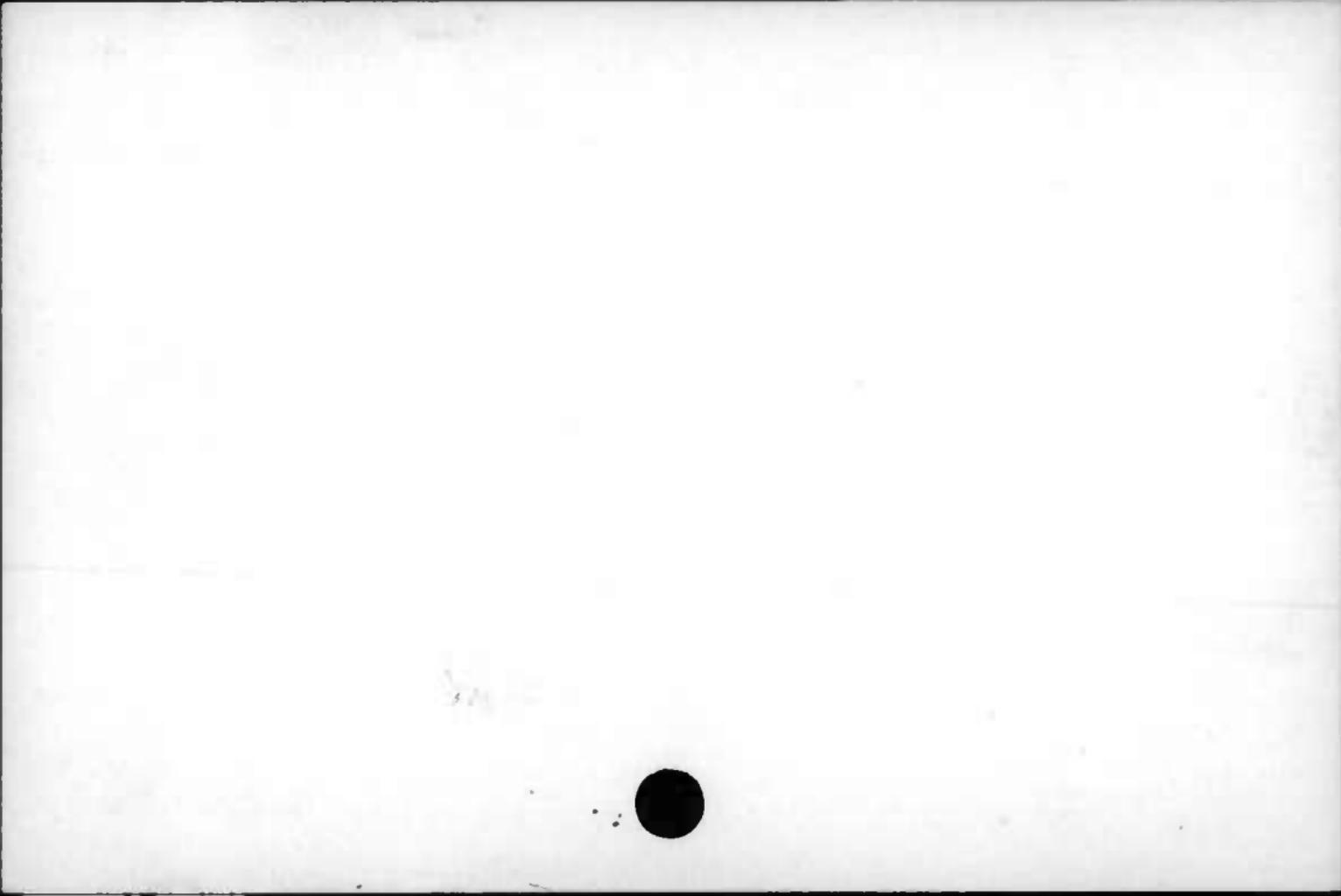
Yes

Signature of Physician

Address

H. Cornegold  
Millbury, Ga  
2 aco

Accident or Suicide?



Name  
in  
Full

Alice Margaret Hooker

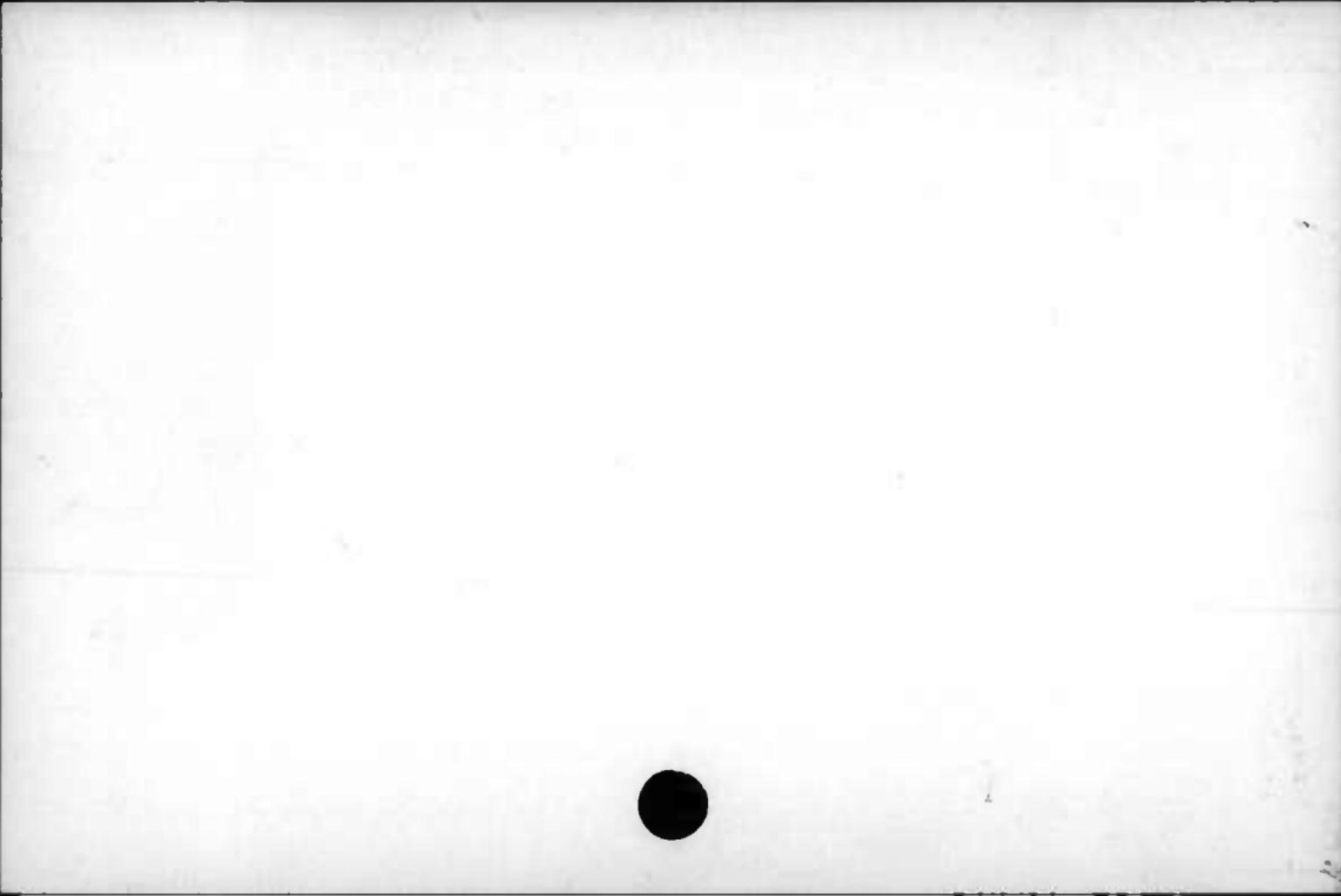
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1902	Month Sept	Day 21	Age 8	Years	Months 2	Days 13
Sex	female	Color or Race	white		Birth-place	Md.	
Occupation	—		Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	George J. Hooker		—		Father's Birthplace	Md.	
Mother's Maiden Name	Neva. M. Hudson		—		Mother's Birthplace	Md.	
Name of person giving Information	Is. W. Hooker		—		How related to deceased	father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Enteritis	105	How long
	Immediate	Convulsions	—	2 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Gloria Gerrick	
		Address	Towsonville Md.	
Accident or Suicide?				



Name  
in  
Full

Robert Lee Hynson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Piney Creek		Town	Kent		County	MARYLAND	
Date of death	1907	Month Sept	Day 29	Age 47	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	Maryland	
Occupation	Oysterman	Where Residing if not at place of death			At Place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Alvata Hynson		Father's Birthplace	Maryland	
Father's Name	Thomas Hynson			Mother's Birthplace	Unknown		
Mother's Maiden Name	Not Known	Known		How related to deceased	Son		
Name of person giving information	Harry J. Hynson						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cirrhosis Liver

112

How long

3 years

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Spas. R. Wilson

Edesville Kent  
Co. Md.

Accident or Suicide?

Henry J.  
H. Thomas

Name  
in  
Full

Still Born ~~former~~  
Town  
Coleman

CERTIFICATE OF DEATH

To BE ANSWERED  
NEAREST FRIEND

Died at	County	MARYLAND			
Date of death 1907	Month Sept	Day 18	Years —	Months —	Days —
Sex —	Color or Race white	Birth-place Coleman			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Lee Joiner	Father's Birthplace Md				
Mother's Maiden Name Blanche Smith	Mother's Birthplace Md				
Name of person giving Information Page Hickman	How related to deceased —				

CAUSES OF DEATH

Primary	Premature.	151	How long one hour. <del>still born.</del>
Immediate			How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Wm. S. Maxwell,  
Still Pond, Md.

Address

Accident or Suicide?

Still Pond

Name  
in  
Full

Bertha Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	1907 Sept 13 16		
Occupation	Where Residing if not at place of death	Housewife at home			
Married, Single or Widowed	Name of Wife or Husband	Single			
Father's Name	Frederick Lee				
Mother's Maiden Name	Muckerson				
Name of person giving information	C P Gowanee Attending Physician				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Strangled from

1

How long

10 Days

Immediate

Toxemia + Conv.

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C P Gowanee M.D.

Millington

Tex

Accident or Suicide?

To Be Printed at  
Lorraine's

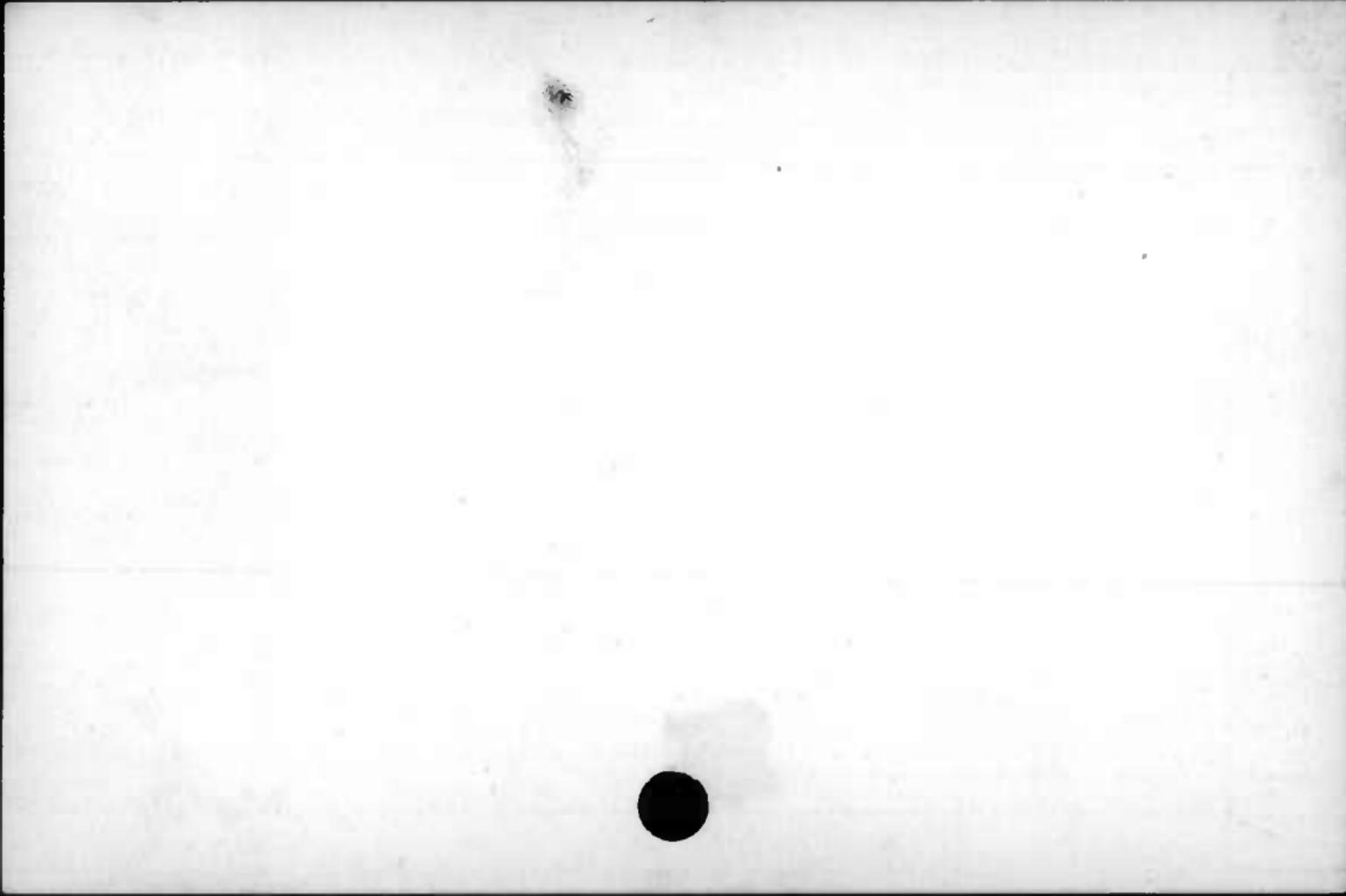
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Julia Murry		Town	County	MARYLAND	
Died at	Eddesville	Kent			
Date of death	1907	Month Sept.	Day 9	Age 88	Years
Sex	Female	Color or Race	Black	Birth-place	Maryland
Occupation	Housewife	Where Residing if not at place of death			at Eddesville
Married, Single or Widowed	Widow	Name of Wife or Husband	Heney Murry	Father's Birthplace	Maryland
Father's Name	William Bentley				Mother's Birthplace
Mother's Maiden Name	Catherine White				How related to deceased
Name of person giving Information	John S. Murry				Son
CAUSES OF DEATH					
Primary	Passive Conj. Brain			64	How long
Immediate	Senility			21 days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Y. B. Willerson	
			Address	Eddesville Kent County	
Accident or Suicide?					



Name  
in  
Full

Benjamin T. Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1907	Georgetown	Ran			
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	67	
Occupation			Where Residing if not at place of death	Ran ilo	
Married, Single or Widowed	Name of Wife or Husband	Mary S. Gardner			
Father's Name	Aukengen		Father's Birthplace	Lyknon	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	John T. Nicholson		How related to deceased	son	

CAUSES OF DEATH

120

How long

1 year

Primary

Nephritis

I tell you nephritis for not  
attended him for 3 months

How long

1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

So far

Signature of Physician

Address

H. Bangs Simmons

Chester, town  
over, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

This certificate was sent to me to  
be filled with the statement that  
no physician had been in attendance  
since myself. As for the data  
regarding ancestry I know nothing.

H. B. S.

Paul

Name  
in  
Full

Walter Lusby Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <input checked="" type="checkbox"/> <sup>Town</sup> <u>near Chestertown</u>		<sup>County</sup> <u>Kent</u>		MARYLAND	
Date of death	1907	Month	Sept	Day	12
Age	21	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Student		Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Wel
Father's Name	Robert G Nicholson		Mother's Birthplace	Md	
Mother's Maiden Name	Laura Lusby		How related to deceased	Brother	
Name of person giving information	Mr H W Nicholson				

CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

How long

22 days

Immediate

Intestinal hemorrhage

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

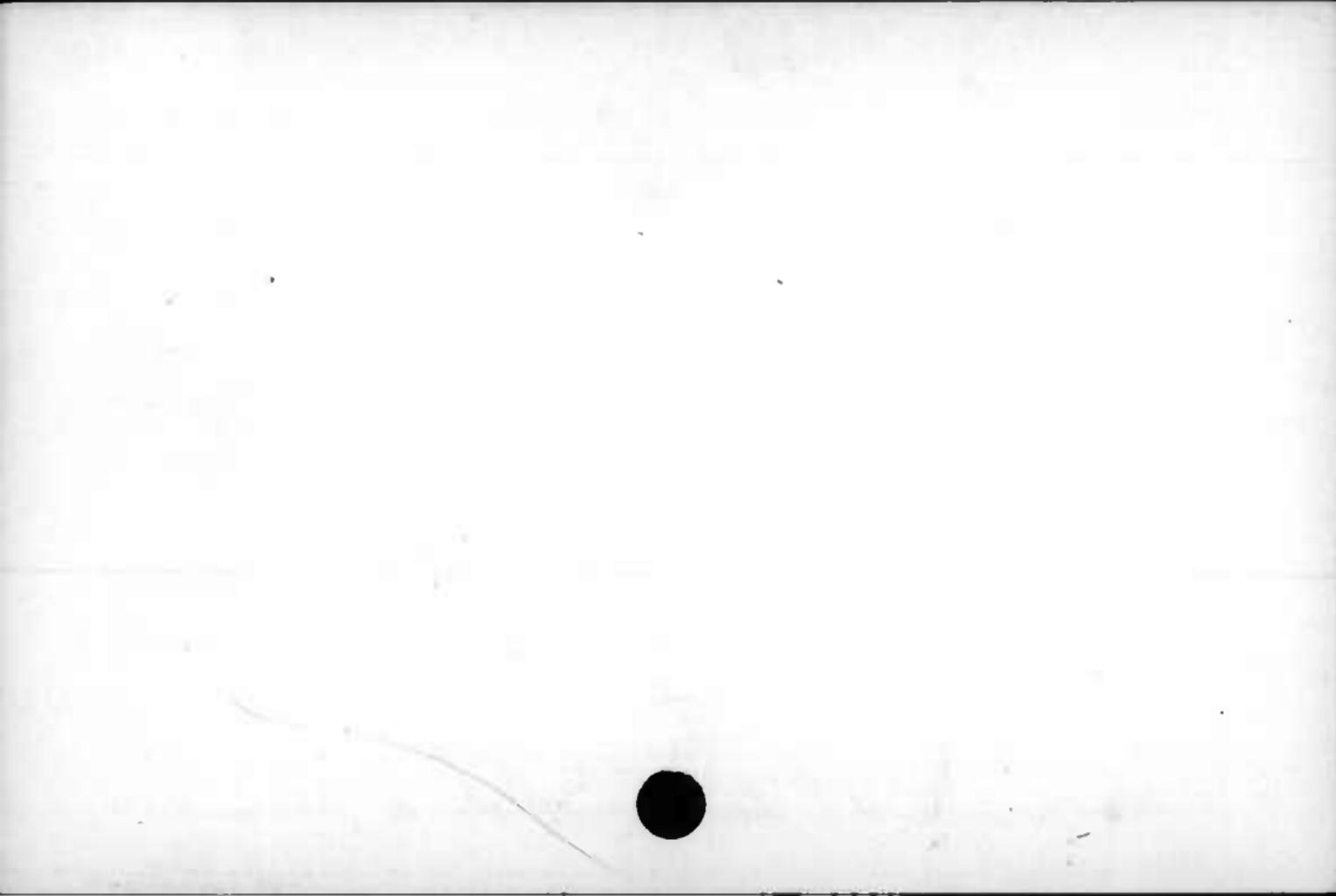
H G Lumsden

Address

Chestertown

Accident or Suicide?

No



Sir Walter Raleigh

Town Chesapeake County Kent MARYLAND

Died at Chesapeake Date 1907 Month Sept. Day 12 Y. 189 M. 28 D. 1 Native of Md. Occupation Carpenter.

Male Married White Widow  
Female Colored Single Widower

Divorced  
Number of children living

Husband

Wife

Father's

Name

Sir Walter Raleigh Mother's Name Mary Emma Raleigh How long sick

Cause of Primary General Tuberculosis 11 months

Death Immediate Asthma (34) Accident, Suicide, Homicide

Reported by Harry L. Dodd, M.D.

Address Chesapeake, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

chester  
Cemetery

J. M. Godel  
undertaker.

Name  
in  
Full

Mattie Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

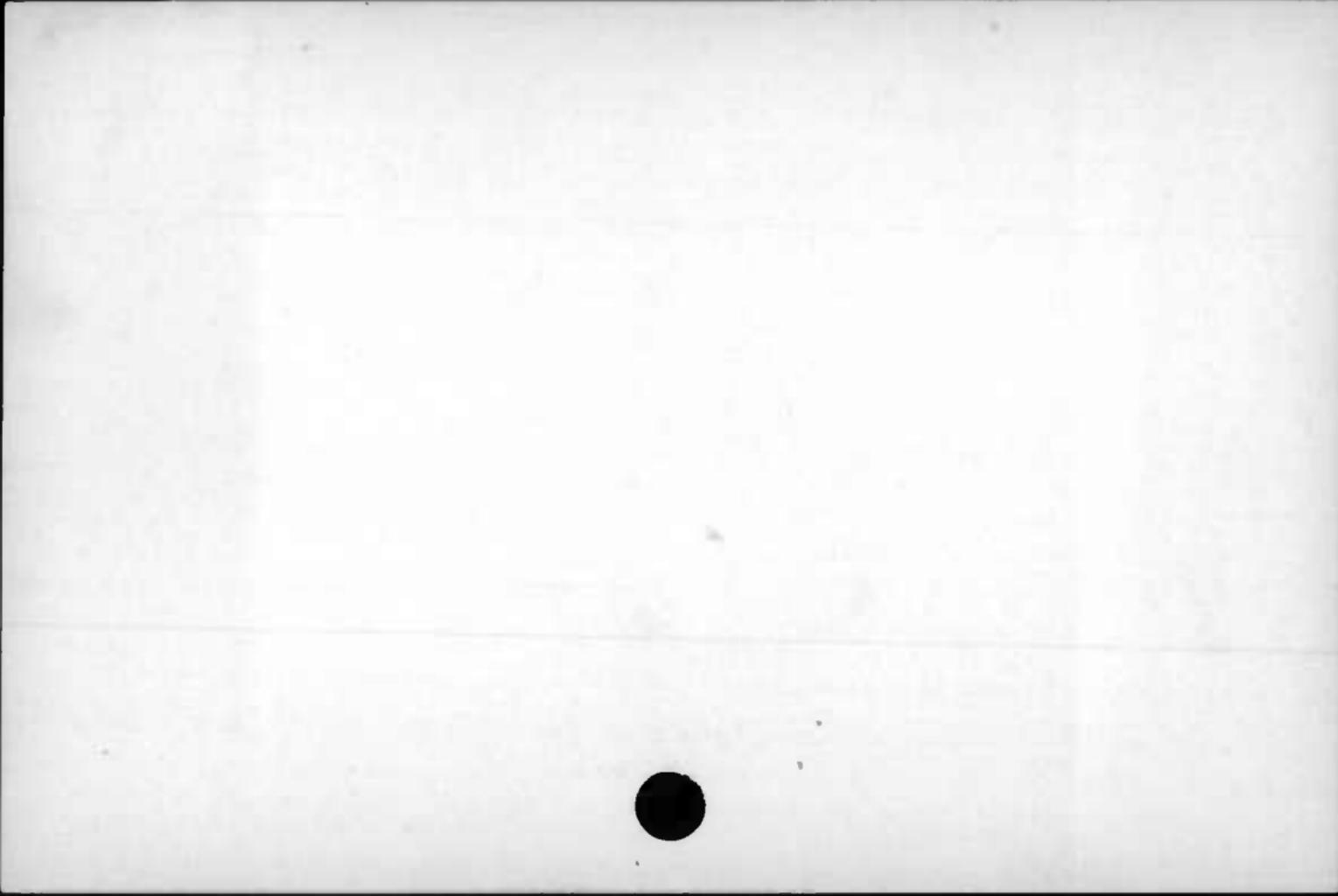
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Georgetown, Md.	
Occupation	Where Residing if not et place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Rose					
Mother's Maiden Name	Mattie Ralph					
Name of person giving Information	John Rose					

CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
1/12	Edward A. Scott	
Accident or Suicide?	Selma, Md.	



Name  
in  
Full

Helen Roe

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Synch</u>		Town <u>Kent</u>		County <u>Kent</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>4</u>	Years <u>~</u>	Age <u>~</u>	Months <u>11</u>	Days <u>3</u>	
Sex <u>female</u>	Color or Race <u>white</u>	Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	Father's Name <u>Clarence Roe</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Nellie C. Silcox</u>	Name of person giving information <u>John Silcox</u>	Mother's Birthplace <u>Md</u>		How related to deceased <u>Grand-father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Whooping Cough.</u>	⑧	How long
Immediate	<u>Cholera Infantum.</u>		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

L. P. Atwell M.D.  
Still Pond  
Md.

Accident or Suicide?

Still Anal.

Name  
in  
Full

Ella Rose

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Colemans		Kent.				
Date of death	1907	Month 9	Day 26	Age 1	Years	Months 9	Days
Sex	Female		Color or Race	Black		Birth-place	Colemans
Occupation	—		Where Residing if not at place of death	Colemans		Colemans	
Married, Single or Widowed	—		Name of Wife or Husband	—		Father's Birthplace	Colemans
Father's Name	James Rose		—		Mother's Birthplace		Colemans
Mother's Maiden Name	Ella Chaney		—		How related to deceased		Colemans
Name of person giving Information	James Rose		—		Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marsasmus

(151)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

L. P. Atwell M.D.

Address

Still Pond,  
Md.

Accident or Suicide?

Castelluccio.

John Russell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Galena</u>		Town <u>Kent</u> County <u>Kent</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>9</u>	Day <u>2</u>	Age <u>19</u>	Years	Months
Sex <u>male</u>	Color or Race <u>afican</u>			Birth-place <u>Ind</u>	Days
Occupation <u>farm labourer</u>	Where Residing if not at place of death				
Married, Single or Widower <u>Single</u>	Name of Wife or Husband		Father's Birthplace <u>Ind</u>		
Father's Name <u>David Russell</u>			Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>E. Jane Dorsey</u>			How related to deceased <u>Father</u>		
Name of person giving information <u>David Russell</u>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Paralysis heart-

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

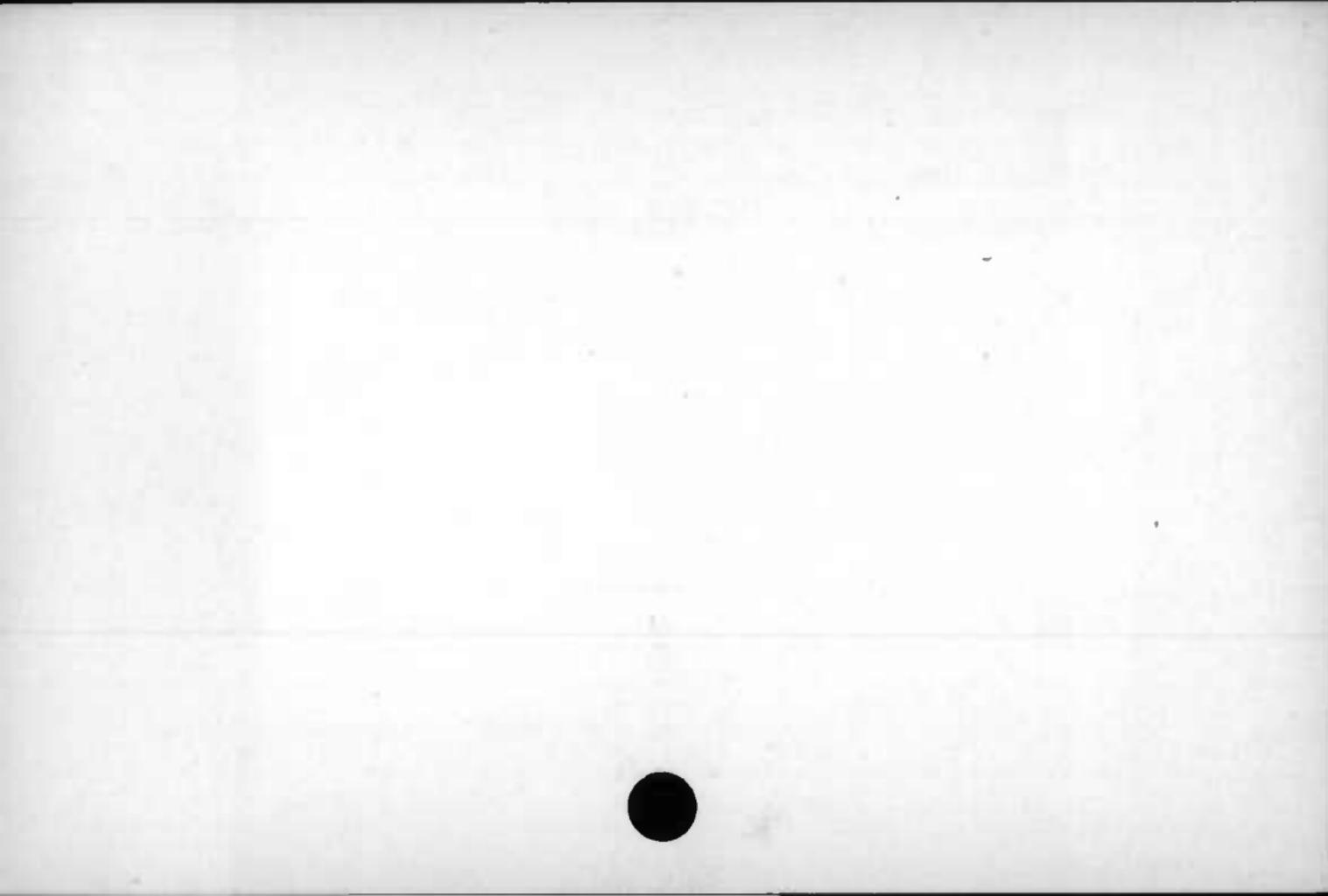
Address

J. H. Latimer

Galena

Ind

Accident or Suicide?



Name  
in  
Full

Margret Scott

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Sep	Day 26	Years —	Months —	Days 14	
Sex	female	Color or Race	Black	Birth-place	Md.		
Occupation	Where Residing if not at place of death					Md.	
Married, Single or Widowed	Name of Wife or Husband		Md.				
Father's Name	Geo Scott		Father's Birthplace			Md.	
Mother's Maiden Name	Mary Hamilton		Mother's Birthplace			Md.	
Name of person giving Information	Geo Scott		How related to deceased			father.	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	14	
	dysentery.	How long	7 days.
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician
			Address
Accident or Suicide?	W. S. Maxwell, Still Pond, Md.		

Still Pond.

Name  
in  
Full

Arthur M. Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 9	Years 2	Months 3	Days -
Sex	Male	Color or Race	white			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Alfred J. Williams					
Mother's Maiden Name	Emma M. Dove					
Name of person giving information	A. Williams					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Meningitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

(61)

How long

12 days

How long

Signature of Physician

Address

G. Louis Karpovich  
Towsonville  
Md

Accident or Suicide?

Shrewsbury

Name  
in  
Full

Sarah E. Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Lynch</u>		Town	County <u>St. Mary's</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>26</u>	Age <u>51</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>W. Va.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of <del>Wife</del> or Husband <u>Henry Wright</u>	Father's Birthplace <u>U. S.</u>				
Father's Name <u>Theodore Butler</u>	Mother's Birthplace <u>U. S.</u>					
Mother's Maiden Name <u>Rachel Butler</u>						
Name of person giving information <u>Henry Wright</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Paralysis</u>	66	How long <u>18 Months</u>
	Immediate <u>Heart failure</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. S. Maxwell</u>	Address <u>Still Pond, Md.</u>
<input checked="" type="checkbox"/>			
Accident or Suicide? <u>X</u>			

Mountain Church